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PRETENSE OF A PARADOX: FACTITIOUS INTERSEX CONDITIONS ON THE INTERNET

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ABSTRACT. False claims of having an intersex condition, taking the form of factitious disorder, have occurred historically but are even more frequently observed in the era of the Internet. Three cases are presented that had previously been reported as genuine in print media, television programs, and online postings. Probable motivations include emotional nurturance, self-aggrandizement, denial of being transgendered, and fascination with being intersex. Persons with factitious intersex conditions may interfere with peer-group support and spread misinformation. While acknowledging the reality of intersex conditions in some people, we advise a high index of suspicion and, as needed, verification of claims.

KEYWORDS. Factitious, Munchausen, Internet, intersex, intersexuality, hermaphrodite, disorders of sexual development, body image, transgender

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INTRODUCTION

"Intersex" is a generic term for a heterogeneous group of conditions that involve discrepant or intermediate indicators of sex (gonads, structure of genitalia, chromosomes, etc.). The pretense of having such a condition qualifies as a form of factitious disorder (called "Munchausen syndrome" when particularly serious and chronic).

The term "Munchausen by Internet" (MBI; Feldman, 2000) refers to such deception taking place online, typically in special-interest or health-based support groups. By providing almost anyone with unprecedented ease of access to a wide audience, the Internet has increased opportunities for these behaviors (Adams, 2010). As in real-life cases of factitious disorder, individuals engaging in MBI behaviors falsify illness, disability, or crisis, typically to gain attention and emotional nurturance (Cunningham & Feldman, 2011). The ubiquity of this phenomenon and acceptance of the MBI term are reflected in the fact that a Google search uncovered more than 10,000 Web sites utilizing the phrase "MBI." Although factitious intersex conditions have been reported previously (Ball, 2004; Garfinkel & Stoller, 1967; Preves & Eyler, 1999; Warren, Sutherland, & Lenz, 1994), this article appears to be the first examination in the medical literature of false intersex claims made on the Internet.

Most information about the cases presented here was obtained from published sources (print and Internet). Some details were from nonconfidential personal communications with the first author.

ANTECEDENTS OF FACTITIOUS INTERSEX CONDITIONS ON THE INTERNET

In one report, a socially female patient with the habitus of a postpubertal female

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including well-developed breasts, but apparently normal male genitalia, denied taking exogenous hormones (Schwabe, Solomon, Stoller, & Burnham, 1962). Her clinical features did not fit any known condition, but she was diagnosed with an atypical form of androgen insensitivity syndrome (AIS; Stoller, 1968). Only years later, subsequent to feminizing genitoplasty, did she reveal having clandestinely self-administered diethylstilbestrol since age 12 (Garfinkel & Stoller, 1967). Another person, with a public presence as a writer of fiction and biographies, consistently claimed—in several autobiographical books (Simmons, 1971, 1995) and at least one televised interview (Snyder et al., 1974)—to have been born with ambiguous external genitalia but with a uterus and ovaries and, after surgical feminization, to have given birth. A contradictory history, of normal male natal anatomy and sex reassignment, was published in the lay press after her death (Ball, 2004). In a third case, a psychiatrically hospitalized gender dysphoric natal male living as female consistently attributed to herself a diagnosis of true hermaphroditism in spite of a lack of physical evidence (Warren et al., 1994).

Finally, three cases of the pretense of an intersex condition, apparently related to denial of an actual transsexual condition, were reported at a symposium (Preves & Eyler, 1999).

INTERNET-ERA CASES

Case 1

Ms. X was active on a publicly searchable Internet support forum (Alaniz, 2006) for intersex persons and on an Internet video site (Alaniz, 2008). From 2002 to present, she consistently claimed to carry multiple etiologically unrelated intersex diagnoses: (1) congenital virilizing adrenal hyperplasia (CVAH); (2) 45XO/46XY mosaicism; and (3) true hermaphroditism (i.e., both ovarian and testicular tissue in the gonads). The coincidence of three etiologically unrelated conditions, each with a prevalence of less than 1 in 10,000 (for a vanishingly remote combined probability of less than 1 in 1 trillion) strains credulity. Ms. X also claimed to have been born with four gonads (two descended testes and two intra-abdominal ovaries), a previously unreported condition in a human being, and stated that she had served in the military as a man before becoming fully aware of her intersex condition. In spite of its implausibility, her history was related as factual in a lay press book (Callahan, 2009), a televised interview (Alaniz, 2009), and a televised documentary (Elisco & Coyote, 2009).

Case 2

At different times, Ms. Y, who was active in several online discussion groups and maintained several Web pages, claimed the mutually exclusive diagnoses of "ovarian failure" and partial androgen insensitivity syndrome (PAIS). She also claimed to have been born with a patent vaginal opening and a penis capable of intercourse and to have been raped vaginally in her early teens. These claims were made in person to the first author and repeated in talks to students and at meetings for sexual minorities (Paravichai, 2004; Boisseau, 2008, 2009). However, PAIS was contradicted by her appearance in real life, with male-pattern baldness and a complete absence of facial hair (i.e., evidence of hair removal by electrolysis). She concurrently related a history of penectomy and vaginoplasty by a surgeon specializing in sex reassignment. Her online biography claiming a diagnosis of PAIS was copied nearly verbatim from that of a different person with actual PAIS published online 7 years earlier (Boisseau, 2008; Graham, 2001).

Case 3

Ms. Z contacted a national AIS support group by e-mail with a purported history of PAIS, ambiguous genitalia at birth, male sex-of-rearing, and masculinizing genital surgery in early childhood (AIS Support Group UK, 1999). She reported herself to be in the process of a change to female sex-of-living at age 20. The same information was repeated on a newly created Web page that included a photo of her as a blond, femininely attractive young woman

TABLE 1. Detection of Factitious Intersex Conditions

Factitious Intersex		Parameters Documenting Falsity of Claims					
Case	Claimed diagnoses	Implausible medical claims	Contradictory third-party information	Contradictory published information	Appearance inconsistent with diagnosis	False social history	Inconsistent claims
1	True Hermaphroditism; CVAH; XY/XO Mosaicism	X		X			X
2	PAIS; "Ovarian Failure"	X			X	X	X
3	PAIS, reared male; CAIS, reared female	X	X			X	X

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(Gustafson, 1999). However, 1 month later, she abruptly suspended contact and closed the Web page following an attempt to verify one of her less florid claims—that the student newspaper where she was an undergraduate had published a story about her.

Roughly a year later, she contacted the AIS support group of a different country. She now claimed a contradictory history of *complete* AIS with normal female genitalia at birth, a female sex-of-rearing, and no history of surgery. The content of her Web page, e-mails, and posts to online discussion groups followed the pattern of *pseudologia fantastica* (pathological lying generally seen in Munchausen syndrome). She told of inheriting a fortune so large that her career as a student at an Ivy League medical school was merely a pastime, of flying her private jet airplane, and of living with not one, but two, beautiful women (one a gymnast, the other an international fashion model) in a lesbian *ménage à trois*. At one point, she was reportedly near the edge of death in the intensive care unit due to acute shellfish toxin poisoning, but postings from her e-mail address to a discussion group continued with the same frequency and writing style, though ostensibly sent by one of the significant others to keep her online friends updated.

After several years, Ms. Z. largely disappeared from the Internet following an attempt by others to verify her status as a student. No one among her electronic contacts was ever known to have met her in person, and thus, it is very likely that not only her diagnosis, but every other aspect of her online persona, was a fabrication.

A summary of features of these three cases that enhanced detection of the deceptions is presented in Table 1.

DISCUSSION

A well-known cartoon was captioned, "On the Internet, Nobody Knows You're a Dog" (Steiner, 1993). The anonymity of the Internet, combined with customary expectations of privacy about medical and sexual matters, allows online claims of being intersexed to go unverified and unchallenged indefinitely. Eventually, the mere fact that a claim has been made publicly and repeatedly is perceived as evidence that it is credible. Precisely because these are cases of persons with a public Internet presence, not of patients seen in the course of medical practice, corroborating medical data would be nearly impossible to obtain. Without recorded contact with the medical profession or records of examinations or tests, generally the only evidence that someone is lying about having an intersex condition is an inconsistent, implausible story with provably untruthful details. Under these circumstances, although it may not be possible to prove absolutely that the claim to be intersexed is false, it taxes one's credulity that a patently false story would conceal an equivalent truthful one.

The prevalence of factitious intersex conditions is difficult to determine because persons who carry out deceptions may sometimes do so successfully. The cases presented here were chosen as representative, partly for the amount

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of available detail and partly because the evidence, once examined, was so dramatically obvious. In a number of additional cases known to the authors, that evidence was equally conclusive. It is uncertain how frequently such pretenses do go undetected.

Anecdotally, intersex "posers" (as persons feigning intersex conditions are known in Internet parlance) represent a substantial fraction of participants in electronic discussion groups for the intersexed. They may actually be overrepresented among those whose biographies (real or fabricated) find their way into books and into popular media or, ironically, who become activist spokespersons on intersex issues. Notably, Ms. Y used her Internet presence to obtain speaking engagements, while the original, semianonymous author of her plagiarized biography completely avoided publicity. Actual intersex persons usually participate in the Internet to obtain practical advice for real-life problems or emotional support. Only some are interested in activism or creating a public presence; many value their privacy and wish to enjoy quiet lives in the mainstream of society. Posers may also be more compliant and malleable informants for researchers, book authors, and reporters. An insincere opportunist might be more willing to mold a made-up story to the interests of her audience than an earnest person seeking to convey the truth.

The motivations behind factitious intersex conditions may include elements not usually observed in other expressions of factitious disorder. Shame by persons within the transgendered spectrum (i.e., cross-dressers and transsexuals) at being a member of a stigmatized sexual minority often appears to be a factor (Preves & Eyler, 1999). All of our cases involved a claimed or actual change of sex-of-living from male to female. Some individuals may also be attracted to the novelty and perceived freakishness of being "intersex." In some cases, this may take the form of, or be akin to, a sexual paraphilia (Freund & Blanchard, 1993; Lawrence, 2009).

Usually malingering is not involved. That is, the individuals are not clearly pursuing tangible gains such as disability benefits or abusable medications. (An occasional exception has occurred when claims of an intersex condition were part of attempts to obtain sex reassignment surgery [Garfinkel & Stoller, 1967].) Instead, the motivating factors we inferred have been the intangibles of emotional satisfaction; membership in the exotic and unusual group of intersex persons; greater status within the transgendered or intersex communities; and, sometimes, the opportunity to achieve some measure of fame through print and broadcast media.

During 15 years of involvement in intersex support groups, the first author has frequently observed very detrimental effects of intersex posers on peer-group support and information for actual intersexed persons. They often report extremely rare or nonexistent conditions and/or prolonged and fruitless attempts to obtain a diagnosis. Their false, but often dramatic, stories misinform and often attract a disproportionate share of attention. They use up the time and effort of persons seeking to help others, often getting them to make a significant emotional investment, then leave them disillusioned. Others, seeking help and information, become distrustful after realizing they have been misled. The end result is that potentially valuable mutual support services become unavailable.

Misinformation spread by intersex posers is not only harmful in the short term to their immediate contacts, but also—when incorporated into sources such as books, video documentaries, and in-person talks—the misinformation influences long-term treatment protocols for the intersexed. Researchers in psychology and related disciplines should be aware that information from some claimed intersex persons is fabricated and misleading.

Persons with factitious intersex conditions often claim the authority of experience on intersex issues and use their alleged conditions as a credential, but then they disingenuously insist that verifying the credential would be an invasion of privacy. They may invoke policies and laws regarding medical privacy, though these do not preclude the patient herself from sharing documentation or giving permission for it to be released.

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Within the setting of clinical practice, factitious intersex conditions can usually be detected readily by aware physicians who verify claimed diagnoses with objective tests. The ideal response is not adversarial, hostile judgment but recognition that this strategy is typically adopted to cope with a genuinely difficult life situation. On the other hand, colluding with and reinforcing the ruse should definitely be avoided. The goal should be for the patient to find solutions to the real-life problems that led to the deception. If abruptly dismissed, a person with factitious disorder is likely merely to continue the same behavior elsewhere.

While giving due regard to patient self-reports, physicians and others should be aware of factitious intersex conditions and reserve judgment about unverified stories. Advice to patients regarding online peer-group support, a potentially useful and valuable resource, should be tempered with the caution that some persons do misuse this medium. The best precaution is to remember that just as in real life, information available on the Internet is only as reliable as its source. Likewise, journalists and social scientists should conduct sufficient background research to verify claims and avoid contributing to the problem.

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